NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: _09/500 698_

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101				___	___		690
Total Claims >20	203/103	55	.20 = 35	X	___	18		630
Independent Claims >3	202/102	15	.3 = 12	X	___	78		936
Mult. Dep Claim Present	204/104				___	___	=	___
Surcharge	205/105				___	___		130
English Translation	139							___

TOTAL FEE CALCULATION   ___

Fees due upon filing the application:

Total Filing Fees Due = $ __2386__

Less Filing Fees Submitted   - $ __∅__

BALANCE DUE   = $ __2386__

S. Washington
Office of Initial Patent Examination

Figure 7

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number 09/500698

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)
BASIC FEE		
TOTAL CLAIMS	55 minus 20=	* 35
INDEPENDENT CLAIMS	14 15 minus 3 =	* 12
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY TYPE [ ]		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
	345.00	OR		690.00
X$ 9=	315	OR	X$18=	630
X39=	468	OR	X78=	936
+130=		OR	+260=	
TOTAL	1128	OR	TOTAL	2256

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

B	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total	* 46	Minus	** 55	= 0
Independent	* 6	Minus	*** 14	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	0

AMENDMENT B

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.